Self-Harm and Suicide

People injure themselves in order to send a message to others
Co-sponsoring Organizations

**Injury Prevention Centre**

A provincial organization committed to advancing the impact or prevention, emergency response, treatment and rehabilitation of injuries in Alberta. IPC is part of the School of Public Health, University of Alberta. For more information, visit us at:

http://injurypreventioncentre.ca/

**Centre for Suicide Prevention**

An education centre committed to reducing suicide through education: information services, workshops, presentations, and webinars. CSP is a branch of the Canadian Mental Health Association (CMHA). For more information, visit us at:

https://www.suicideinfo.ca/
Subject-Matter Experts

**Kevin Hodgson**, Manager of Programs, Hockey Education Reaching Out Society (HEROS Hockey). His 15-year career in the Human Services sector has exclusively focused on marginalized children and youth. He is also a Consulting Trainer for the Centre for Suicide Prevention.

**Linda Scurr**, MEd, counselling program supervisor with Adult Addiction Services Calgary, Addiction and Mental Health (formerly AADAC), Alberta Health Services. As the supervisor of the Calgary AADAC Enhanced Services for Women program Linda was awarded the Premier’s Award of Excellence 2005. She is a Consulting Trainer with Centre for Suicide Prevention and has taught suicide intervention training since 1975.

**Dave MacLeod**, MSc RPsych, founding clinical psychologist with Western Psychology Services in Calgary, now the overseer of the WPS co-operative. Dave began work in suicide prevention in the late 1970s as a volunteer with the Distress Centre/Drug Centre and has, since then, worked in a variety of adolescent treatment centres around the world. Dave is a Consulting Trainer with the Centre for Suicide Prevention.

**Secondary Research**

**Robert Olson**, BA, MLIS, Librarian, Centre for Suicide Prevention, provided secondary research for this webinar.
What do we Mean by “Self-Harm”? 

Deliberate acts by a person to physically harm the body
Not intended to be fatal
Often repeated over time
Socially unacceptable (i.e. does not include body piercing, professional tattooing, nail biting, head shaving)
Methods

- Cutting 72% 65-85% are females
- Burning 35%
- Self-Hitting 30%
- Interfering with wound healing 22%
- Hair pulling 10%
- Bone breaking 8%
- Multiple: (included above) 78%

Nearly 15-20% of teens in middle to high school self-harm

Average age to begin cutting is 12-15 years old
**Fact #1: Self-Harm is not Suicide**

*(but it can become suicide)*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Intent to Die High</th>
<th>Intent to Die Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>Suicide</td>
<td>Unintentional Suicide</td>
</tr>
<tr>
<td>Injury</td>
<td>Attempted Suicide</td>
<td>Self-Harm Suicide (parasuicide)</td>
</tr>
</tbody>
</table>
Fact #2: Self-Harm is Learned

Past trauma/invalidation
Physical or sexual abuse
Neglect (the most reliable predictor)
Lack of secure attachments
No memories of unconditional love as a child
Fact #3: Self-Harm is Functional

AFFECT REGULATION
People injure themselves in order to feel better

Communication
People injure themselves in order to send a message to others

Control/Punishment
People injure themselves in order to feel a sense of power
I came to learn early in life that:

If I express my needs in legitimate ways (by talking to others, for instance) my needs won’t get met.

So I need to BEHAVE, and then depend on others to INTERPRET my behavior and react to me.
Fact #4: Self-Harm is Challenging

First Aid is not enough

These individuals need therapy

Emotional dysregulation:
• Frequent displays of inappropriate anger
• Depressive bouts
• Mood swings

Recurrent acts of crisis, drama

Intense & unstable relationships (friends, dating partners)

Feeling of emptiness & boredom

Impulsive with money, substance abuse, sexual relationships, binge eating or shoplifting
Intolerant of being alone
Avoid real or imagined abandonment
Uncertainties about identity, self image (more than most teens)
See thing in extremes (all good vs. all bad)
See themselves as victims of circumstances
Take little responsibility for themselves
Fact #5: Self-Harm is Manageable

Don’t take it personally
Understand your feelings
Be supportive without reinforcing the behaviour
Acknowledge the pain of the student
Take a break
Try not to:

Avoid the subject
Over-focus on the behaviour itself
Ignore attention-seeking behaviour
Punish self-harm or use ultimatums
Become excessively sympathetic
Respond with shock, revulsion or averted gaze
Promise confidentiality
Try to:

Understand the role of self-harm in the student’s life
Focus on the need that underlies the behaviour, not the behaviour itself
Provide distractions if necessary.
Offer physical safe space
Set limits
Maintain a predictable and regular schedule
Identify a small number of key adults who can be the main contacts
Continue to reduce the number of people involved
Divide and conquer (dismiss friends and bystanders from the scene of the “drama”, or remove the student to a private setting)
Maintain awareness of your own feelings, do not let feelings guide your decisions

Stand in the middle

Resist temptation to:

Love me  vs.  Hate me
Feel sorry for me  vs.  Reject me
Overvalue me  vs.  Undervalue me
Pity  vs.  Anger
Apologize  vs.  Accuse
Over-respond  vs.  Under-respond
Thank You

More questions?

Contact us at: csp@suicideinfo.ca